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Application Number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Attorney Docket Number	006149 112356				
Examiner Name	Filchard A. Smith				
Art Unit	2859				
Title	May 25, 2000 Albert A. BURLANDO FEFLECTIVE WARNING AND LOCATOR				
First Named Inventor					
Filing Date					
Application Number	09/577,854				
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		New York		State	New \	ork.	Zip	10036-7311		
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	Telephone	212,297.5800		FAX	212.9	16.2940				
lam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.										
		FR 3.73(b) is enclosed. (Form								
SI	SNATURE of Applicant of	or Assignee of Record (if ass	ignee, put name,	title and	compa	ny name i	n the "Na	ame" space below)		
Name	710010711 00712 1111									
Signature albert a. Bulanto										
Date	Date September 10, 2004					elephone	908.85	0.9700		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
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REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY** AND CHANGE OF CORRESPONDENCE ADDRESS

09/577,854 OFFICE Filling Date May 25, 2000 First Named Inventor Albert A. BURLANDO Art Unit 2859 **Examiner Name** Richard A. Smith 006149,112356 Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.										
✓ A Pow	ver of Attorney	s submitted her	ewith.							
OR	by appoint the	practitioners as	sociated with the Cu	istomer N	lumb	ər:	,			
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Telephone 212.297.5800				Fax	212	12.916.2940				
I am the: Applicant/Inventor.										
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
		SIGNATUR	RE of Applicant or A	Assigne	of R	ecord	·····			
Name	Albert A. BURLA									
Signature affect the Coulomb										
Date	September 10, 2		Telephone 908.850.9700							
NOTE: Signature signature is requi	is of all the inventors ired, see below*.	or assignees of record	of the entire interest or their	representati	ve(s) are	a required. Su	lamit multipl	e forms if more than ono		
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